

Counselling Attitudes and Skills for Handling HIV and AIDS Clients in Hospitals in Anambra State

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Abstract

The purpose of this study was to investigate the counselling attitudes and skills for handling HIV and AIDS clients in government and mission hospitals in Anambra State. Two research questions and two hypotheses guided the study. The study adopted a descriptive research design. The population of the study comprised 29 HIV and AIDS counselling personnel in the hospitals with Heart-to-Heart Centres in Anambra State. All respondents were studied, so there was no need for sample and sampling technique. The study used 59 structured questionnaire items to obtain data to answer the research questions. Mean scores were used to answer the research questions while t-test was used to test the hypotheses at 0.05 level of significance. The findings indicated that the HIV and AIDS counselling personnel in the area of the study possess good counselling attitudes but they have low knowledge of HIV and AIDS counselling skills. Further findings show that the HIV and AIDS counselling personnel in the area of the study are competent in the exhibition of counsellor attitudes but are incompetent in the knowledge of counselling skills. In the strength of the above, it was recommended that the counselling personnel in the State can improve their knowledge of counselling skills by attending conferences, seminars and workshops. They should improve their knowledge of counselling skills through research and reading of current counselling books. Again, the state agency for the control of HIV and AIDS should liaise with donor agencies for the procurement and distribution of current counselling books and kits to the counselling personnel in the hospitals to enable them improve their knowledge. Many counselling skills exist in literature and they can always reach them through research or reading current counselling books.

Keywords: Counselling Attitudes; Counselling skills; HIV and AIDS; clients; Counselling Personnel; Hospital.

INTRODUCTION

Man is faced with a number of diseases. One of these diseases is the human immuno-deficiency virus (HIV). The HIV develops into the acquired immune deficiency syndrome (AIDS) and has become a major health issue in Nigeria. HIV and AIDS constitute a major global health problem. Many people globally have lost their lives due to HIV and AIDS attacks. In Nigeria and Anambra State in particular, HIV and AIDS stands out as the greatest threat to human life because there is no drug for its cure. As a result, most of them might even die due to the psychological effects of the sickness than the sickness itself. The psychological effects mostly manifest in the patients feeling of depression, rejection, traumatized and hopelessness which, in most cases, make them prefer death to life. In the same vein, due to the non-availability of drugs that can cure the sickness, most of them feel depressed and dejected. Their feeling of hopelessness and lost is worsened by the trauma that follow the sickness. The patients are not wholly accepted by the family and society leading to most of them appreciating death more than life.

Based on the fact that the psychological condition of the patients cannot be cured by ordinary medicine because they are psychological in nature, there is therefore much need for counselling services. Most of the clients who go for the HIV and AIDS test do not visit heart to heart centres, those of them who visit, disappear to re-appear only when it has become too late. One wonders if the counselling competences are effective in addressing the psychological problems of clients.

HIV and AIDS cases have been reported in all regions of the world, but most people living with HIV and AIDS (95%) reside in the low- and middle-income countries, where most new HIV infections and AIDS-related deaths occur (WHO, 2007). HIV and AIDS is considered a threat to the economic well-being, social, and political stability of many nations, and it is one of the greatest humanitarian and development challenges facing the global community including Nigeria (Ofonime, 2012).

HIV and AIDS patients in Nigeria face a lot of challenges. According to WHO (2007), HIV and AIDS patients in Nigeria face serious challenges ranging from stigmatization, poor access to health facilities and poor knowledge regarding the spread and control of HIV and AIDS. The above challenges

combine to make the disease worse in Nigeria at large and Anambra State in particular. WHO (2007) indicated that HIV and AIDS is a deadly disease that requires serious counselling.

A counsellor is a person trained in the skills of the job of listening to questions, discussing options, encouraging the client to make his or her own informed decisions, giving practical information and suggesting follow-up. According to Mmaduakonam and Nwankwo (1999), the counsellor is well trained personnel who uses his competences and wisdom to assist clients or individuals to understand themselves and their environments for proper adjustment in life. He is the personnel who uses his acquired professional skills to look at clients problems, conceptualizes them, clarifies issues and assists them to understand their potentials with view to resolving them. According to Mmaduakonam and Nwankwo (1999) the counsellors should develop favourable attitudes towards their clients. For HIV and AIDS counselling, such attitudes include the quality of communicated competence, authoritativeness, confidence and wisdom, quality of genuineness, flexibility, humanness, sensitivity, sincerity and openness, self-congruence, objectivity, empathy and understanding.

From the above, it could be deduced that, HIV and AIDS counselling is an active process of communication or dialogue between a trained counsellor and a client who presents problems related to HIV and AIDS with a view to assist the client to deal with the problems adequately and appropriately. Usually, the services are provided by trained counsellors.

According to Adegoke (2003), the objectives HIV and AIDS counselling are as follows:

1. To assist the HIV and AIDS client through the use of appropriate tools and techniques to develop in the client the ability necessary for self-regulation;
2. Help the HIV and AIDS client to develop personal understanding, self-confidence and mental maturity necessary for healthy growth and proper adjustment.
3. To assist the HIV and AIDS client to know his or her personal traits, social values, habits, attitudes and beliefs necessary for well-disciplined and adjusted living.
4. Assist the HIV and AIDS client to have a clear understanding of him or herself.

The HIV and AIDS counselling objectives are both prevention and care in nature. Although, the objectives are personal opinion which were not supported by empirical studies, they are however very relevant in the HIV and AIDS counseling services. The HIV and AIDS counselling personnel can observe them in handling their clients. This may work effectively when combined with some counselling qualities. The way the services are provided in Anambra State needs to be investigated. In Anambra state, HIV and AIDS patients receive counselling services in hospitals. According to Adegoke (2003), the services are mostly provided in General and Mission Hospitals by counselling personnel. The personnel that provide the counselling services are expected to possess some competences in order to do their jobs very well.

According to Opara (1996), the spread of HIV and AIDS in Anambra State is getting higher every day. Most of them feel depressed and dejected. The researcher is worried whether counsellors in Anambra State exhibit the attitudes needed for counselling HIV and AIDS clients in the State. There is therefore need to investigate whether the counsellors possess skills useful in counselling HIV and AIDS patients in hospitals in Anambra State. The problem of this study therefore put in question form is: To what extent do counsellors exhibit needed attitudes and possess the needed skills for handling HIV and AIDS clients in government and mission hospitals in Anambra State?

Research Questions

The following research questions will guide the study:

1. To what extent do counsellors exhibit needed attitudes for handling HIV and AIDS clients in hospitals in Anambra State?
2. To what extent do counsellors possess the counselling skills needed for handling HIV and AIDS clients in hospitals in Anambra State?

Research Hypotheses

The following hypotheses will be tested at 0.05 level of significance:

1. There is no significant difference in the mean scores of counsellors in government and mission hospitals on the extent they exhibit needed attitudes for handling HIV and AIDS clients in hospitals in Anambra State.

2. There is no significant difference in the mean scores of counsellors in government and mission hospitals on the extent they possess needed skills for handling HIV and AIDS clients in hospitals in Anambra State.

RESEARCH METHOD

This study was carried out in Anambra State. The descriptive survey research design was adopted for this study. Twenty-nine (29) respondents made up of 8 counselling personnel in Mission Hospitals with Heart- to- Heart Centres and 21 counselling personnel in Government Hospitals with Heart- to- Heart Centres were used in the study. Researcher-developed instrument titled “HIV and AIDS Counselling Questionnaire (HCQ)” was used for data collection. The instrument is made up of two (2) sections. Section 1 contains items which sought information from the respondents on their attitudes towards counselling HIV and AIDS clients. Section 2 contains items on skills for counselling HIV and AIDS clients. The face and content validity of the instrument were determined using two experts in Guidance and Counselling and one expert who is in measurement and evaluation, all in Nnamdi Azikiwe University, Awka. The reliability of the questionnaire was determined using the Cronbach Alpha. Correlation co-efficient of the scores for the items in each sections using Cronbach Alpha were obtained. The reliability co-efficients of 0.86 and 0.80; were obtained for the sections. The researcher collected the data with the help of five (5) research assistants. The mean ratings of the respondents were computed separately for each item and were used in answering the research questions. In testing the null hypotheses, t-test was used. All the hypotheses were tested at the 0.05 level of significance.

RESULTS

Research Question 1

To what extent do counsellors exhibit needed attitudes for handling HIV and AIDS clients in hospitals in Anambra State?

Table 1: Mean scores of HIV and AIDS counselling personnel on the counselling Attitudes they Exhibit in Handling Clients

S/NO	Counselling Attitudes	Mean	Remark
1	Showing love and concern for HIV and AIDS clients	4.00	VGE
2	Showing interest in helping HIV and AIDS clients	3.97	VGE
3	De-emphasizing monetary rewards in day to day relationship with clients	3.90	VGE
4	Disposition for non-condemnation of the clients	3.86	VGE
5	Ability to communicate effectively with clients.	3.86	VGE
6	Being open to clients.	3.38	GE
7	Ability to empathize with clients.	3.59	VGE
8	Possessing adequate knowledge of counselling.	3.59	VGE
9	Ability to avoid emotional disturbance.	3.24	GE
10	Being flexible in counselling clients.	3.34	GE
11	Being humane to clients.	3.38	GE
12	Ability to understand clients	3.62	VGE
13	Ability to maintain confidentiality of personal information revealed by clients during counselling.	3.79	VGE
14	Willingness to accept clients without attaching any condition.	3.76	VGE
15	Ability to express a sense of humour.	3.17	GE
16	Being genuine to clients without hiding anything.	3.17	GE
17	Ability to be human-oriented.	3.24	GE
18	Quality of high intelligence.	3.03	GE
Mean of Means		3.55	

Key: VGE = very great extent; GE= great extent; LE= low extent; VLE= very low extent.

Table 1 shows that the HIV and AIDS counselling personnel exhibit 10 out of the 18 counselling attitudes to very great extent with mean scores ranging from 3.59 to 4.00. The table further reveals that with mean scores ranging from 3.17 to 3.38, the HIV and AIDS counselling personnel exhibit eight of the counselling attitudes to great extent. However, with the mean of means score of 3.55 they exhibit the counselling attitudes to a very great extent and are competent in that regard.

Research Question 2

To what extent do counsellors possess the counselling skills needed for handling HIV and AIDS clients in hospitals in Anambra State?

Table 2: Mean scores of HIV and AIDS counselling personnel on the knowledge of counselling skills they possess

S/NO	Counselling Skills	Mean	Remark
19	Establishing rapport in which case the counsellor builds a relationship with the client to gain trust.	3.22	GE
20	Using active listening in order to hear what the client is actually saying.	3.08	GE
21	Using effective communication to communicate to clients showing that you are really listening.	3.19	GE
22	Guiding the client to come up with his own solutions.	2.17	LE
23	Asking open ended questions which encourage a more detailed answer than just "yes" or "no".	2.27	LE
24	Ensuring that conversation between the clients and the counsellor is not turned into interrogation.	2.19	LE
25	Clarifying and addressing problems.	2.54	GE
26	Establishing personal goals.	2.33	LE
27	Providing information on alternative resources.	2.09	LE
28	Selection of realistic alternatives.	2.26	LE
29	Stimulation of decision-making.	2.19	LE
30	Recognizing and diagnosing signs of psychological distress and providing support.	2.40	LE
31	Stimulation of motivation.	2.12	LE
32	Excellent communication skills.	2.42	LE
33	Ability to judge the state of mind of a client.	2.54	GE
34	Quick empathetic response to clients.	2.41	LE
35	Focusing on clients.	2.66	GE
36	Listening skills.	2.72	GE
37	Questioning skills.	2.48	LE
38	Paraphrasing skills.	2.48	LE
39	Skills of helping relationship with clients.	2.65	GE
40	Skills of building rapport with clients.	2.58	GE
41	Skills of starting and structuring of counselling session.	2.72	GE
42	Listening skills.	2.21	LE
43	Monitoring skills.	2.38	LE
44	Self-disclosure skills.	2.40	LE
45	Skills for managing resistance.	2.02	LE
46	Skills of facilitating problem solving.	3.10	GE
47	Skills on training clients on relaxation.	3.17	GE
48	Skills of review of clients' assumptions.	2.24	LE
49	Skills of improving clients' perception.	2.31	LE
50	Responding skills.	2.14	LE
51	Dialoguing skills.	2.55	GE
52	Greeting skills.	2.14	LE
53	Skills of encouraging clients.	2.48	LE
54	Interpreting skills	2.13	LE
55	Non-verbal skills.	2.10	LE
56	Eye contact skill.	2.00	LE
57	Nodding skills.	2.00	LE
58	Demonstrating skills.	2.93	GE
59	Summarizing skill.	2.37	LE
Mean of Means		2.45	

Key: VGE = very great extent; GE= great extent; LE= low extent; VLE= very low extent.

Table 2 indicates that with mean scores ranging from 2.54 to 3.22, the HIV and AIDS counselling personnel possess knowledge of 14 out of the 41 counselling skills to great extent the table further reveals that with mean scores ranging from 2.00 to 2.48 the HIV and AIDS counselling personnel possess 27 of the counselling skills to low extent. However, with the mean of means score of 2.45 they possess the counselling skills to low extent and are not competent in that regard.

Testing Null Hypotheses

Null Hypothesis 1

There is no significant difference in the mean scores of counsellors in government and mission hospitals on the extent they exhibit needed attitudes for handling HIV and AIDS clients in hospitals in Anambra State.

Table 3: t-test on the mean scores of Counsellors on Extent of Exhibition of Needed Attitudes for Handling HIV and AIDS Clients

Source of Variation	N	X	sd	df	Cal.t	Crit. T	P ≥ 0.05
Mission	8	56.75	14.74	27	3.03	2.05	S
Government	21	66.62	2.67				

Table 3 shows that at 0.05 level of significance and 27df the calculated t 3.03 is greater than the critical t 2.05. The first null hypothesis is therefore rejected. Then, there is significant difference in the mean scores of of counsellors in government and mission hospitals on the extent they exhibit needed attitudes for handling HIV and AIDS clients in hospitals in Anambra State.

Null Hypothesis 2

There is no significant difference in the mean scores of counsellors in government and mission hospitals on the extent they possess needed skills for handling HIV and AIDS clients in hospitals in Anambra State.

Table 4: t-test on the mean scores of Counsellors on Extent of Possession of Needed Skills for HIV and AIDS Counselling

Source of Variation	N	X	Sd	df	Cal.t	Crit. T	P ≥ 0.05
Mission	8	129.13	13.05	27	0.11	2.05	NS
Government	21	128.38	17.16				

Table 4 reveals that at 0.05 level of significance and 27df the calculated t 0.11 is less than the critical t 2.05. The second null hypothesis is therefore accepted. Then, there is no significant difference in the mean scores of counsellors in government and mission hospitals on the extent they possess needed skills for handling HIV and AIDS clients in hospitals in Anambra State.

Summary of the Findings

From the analysis, the following findings were made:

1. With the mean of means score of 3.55 they exhibit the counselling attitudes to a very great extent and are competent in that regard.
2. With the mean of means score of 2.45 they possess the counselling skills to low extent and are not competent in that regard. They need competences in the counselling skills.

3. There is significant difference in the mean scores of mission and government HIV and AIDS counselling personnel in the hospitals on the counselling attitudes they exhibit.
4. There is no significant difference in the mean scores of mission and government HIV and AIDS counselling personnel in the hospitals on the knowledge of the counselling skills they possess.

DISCUSSION OF FINDINGS

The findings of the study were discussed under the following sub-headings:

Exhibition of Needed Counselling Attitudes

The first research question was on the counselling attitudes exhibited HIV and AIDS counselling personnel in the hospitals. It was therefore found that HIV and AIDS counselling personnel in the hospitals exhibit the needed counselling attitudes. It was also found that they are competent in the exhibition of counselling attitudes in counselling their clients. The counselling attitudes include showing love and concern for their clients, showing interest in helping their clients and de-emphasising monetary rewards in their relationships with their clients. Other qualities include non-condemnation of the clients, effective communication, open mindedness, empathy, flexibility, humane and understanding. The findings also indicate that they maintain confidentiality of personal information and have high intelligence.

The above findings disagree with Opara (1996) who found that Nigerian have not been adequately informed about the cogent information on HIV and AIDS and as a result, do not exhibit needed attitudes for counselling HIV and AIDS patients. Taylor (1992) also found that HIV and AIDS counsellors in Africa and other developing countries lack the attitudes needed for counselling HIV and AIDS patients. The reasons for the difference in the findings are not far-fetched. A research conducted in 1992 or 1996 is not likely to yield the same result with the one conducted in 2015. It is likely that, between 1992/1996 and 2015, the knowledge on how to handle HIV and AIDS patients has improved. The improved knowledge in HIV and AIDS cases probably facilitated the counsellors' acquisition of the HIV and AIDS counselling attitudes.

Further findings of the study indicated that there is significant difference in the mean scores of mission and government HIV and AIDS counselling personnel in the hospitals on the counselling attitudes they exhibit. In support of the above findings, Akinbile and Ogungbenro (2003) found that hospital ownership or management has a lot of influence on people's exhibition of counselling attitudes.

Possession of Knowledge of Counselling Skills

The second research question sought answers on the extent counselling personnel in the hospitals possess the knowledge of counselling skills. The findings of the study indicated that the counselling personnel in the hospitals possess low knowledge of counselling skills. In support of the above findings, Adeyipo (2007) found that most HIV and AIDS personnel lack the techniques and skills needed for counselling HIV and AIDS patients. This finding is analytically important. Where the counselling personnel lack the skills needed for taking care of HIV and AIDS victims, it is most likely that they may not be able to handle their clients properly. Exhibition of the counselling attitudes is not enough. They need the skills to be able to translate the knowledge into action. Their exhibition of such skills will go a long way in helping them do their jobs in more efficient and effective ways, but since they possess the skills to a very low extent, it is likely that they might face a lot of challenges in counselling their clients.

It was also found that mission and government counselling personnel in the hospitals do not differ significantly on the knowledge of counselling skills they possess. In corroboration of the above findings, Ofonime (2012) found that hospital ownership did not have influence on HIV and AIDS counselling techniques. Idowu (2004) however found that private and government HIV and AIDS counselling personnel differ significantly in their knowledge of HIV and AIDS counselling skills. The difference in the findings would be attributed to some reasons. First, a study carried out in 2004 may not yield the same results with the one conducted in 2015. Second, Idowu's study adopted a cross-sectional design but the current study is a descriptive survey. The difference in the designs adopted could have led to the difference in the findings. The third reasons could be as a result of the population used. Idowu studied

people living with HIV and AIDS who were attending private and general hospitals but the current researcher used counselling personnel in the hospitals as the respondents.

CONCLUSION

From the results of this study, the following conclusions are made:

- a) HIV and AIDS counseling personnel in the area of the study exhibit the counselling attitudes but they have low knowledge of HIV and AIDS counselling skills.
- b) The HIV and AIDS counselling personnel in the area of the study are competent in the exhibition of counselling attitudes but incompetent in the knowledge of counselling skills.

RECOMMENDATIONS

Based on the findings of this study and their implications, the following recommendations are made:

1. The counselling personnel in the state can improve their knowledge of counselling skills by attending conferences, seminars and workshops.
2. The government, through the Ministry of Health should provide in-service training programmes such as conferences, seminars or workshops on counselling skills for the counselling personnel in the hospitals.
3. Teaching hospitals in the state should mount or float programmes on counselling skills and theories to enable the personnel improve their knowledge.
4. The state agency for the control of HIV and AIDS should liaise with donor agencies for the procurement and distribution of current counselling books and kits to the counselling personnel in the hospitals to enable them improve their knowledge.

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